

DIRECT DEPOSIT SIGN-UP FORM

FINANCIAL INSTITUTION : **FINANCIAL 1st FEDERAL CREDIT UNION**
2875 REACH RD.
WILLIAMSPORT, PA. 17701
TELEPHONE : **(570) 322-2061**

PAYEE INFORMATION: NAME: _____ PLANT# _____
SOCIAL SECURITY# _____ TELEPHONE : () _____
Employee# _____
___ Initial Authorization ___ Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at Financial 1st FCU for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization irrevocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this Authorization. I grant the credit union a power of attorney to increase or decrease the amount of my deduction upon my written request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

___ WEEKLY AMOUNT \$ _____
___ BI-WEEKLY NET CHECK _____

ROUTING NUMBER: 2313-8780-6 ACCOUNT # _____

DISTRIBUTION OF AMOUNT : CHECKING \$ _____ LOAN # _____ \$ _____
SAVINGS \$ _____ LOAN # _____ \$ _____
CHRISTMAS \$ _____ LOAN# _____ \$ _____
VACATION \$ _____

SIGNATURE: _____ **DATE:** _____

PLEASE SEND/FAX (570-322-0215) COPY TO THE CREDIT UNION.